

OASIS Alert

Assessment: Manage Infections to Ratchet Up Pressure Ulcer Outcomes

Do you know when an infection requires an orthopedic consult?

Treat a pressure ulcer infection in time and you'll not only improve your survey and clinical outcomes -- you could save your patient's life.

Two steps will help you get a jump on effective infection prevention and management:

1. Use your OASIS assessment to uncover pressure ulcer and other wound infections.
2. Check for newly developing skin problems on subsequent visits to catch them early.

Watch for: Your OASIS assessment can help you to identify patients with conditions or treatments that place them at risk for developing wound infections. These include patients who are more than 70 years old; have diabetes -- especially if it is poorly controlled; show nutritional compromise; show any compromise in perfusion -- which is a common issue in patients with lower extremity wounds; are immunosuppressed; are undergoing radiation or chemotherapy; are prescribed steroids; have edema; use tobacco; or have multiple comorbidities, says **Dorothy Doughty, MN, RN, CWCN, FAAN**, director of the Wound Ostomy Continence Nursing Education Center at **Emory University** in Atlanta.

Know When to Suspect Infection

Time is of the essence in treating infections, so it's important to recognize the signs that a pressure ulcer is in trouble due to bacterial load or critical colonization. The sooner you identify an infected pressure ulcer, the sooner you can get the physician and wound-care experts in on the case.

Key signs: Suspect an infection when you see "increased drainage, increased pain, deterioration in wound surface, or any erythema or induration in surrounding skin," says Doughty.

Strategy: Use the National Pressure Ulcer Advisory Panel's (NPUAP) PUSH tool to determine if a pressure ulcer's healing has stalled, indicating potential infection as a cause. Download a PDF of this tool at <http://npuap.org/PDF/push3.pdf>.

Be Aware Of Three Types of Infection

Consider looking at wound infections in terms of the tissues involved, suggests Doughty. This breaks infections up into three types:

- infection involving bone (osteomyelitis);
- infection involving surrounding soft tissue (cellulitis); and
- infection limited to wound surface (critical colonization).

Recognize the early signs for these types of wound infections and you'll be able to promptly move forward with the appropriate treatments.

Osteomyelitis: Clinical indicators for this type of infection include bone that is visible or palpable in the wound bed and a nonhealing tunnel, Doughty says. An orthopedic consult or incision and drainage are appropriate for these infections. Treatment requires systemic antibiotics and may require hyperbaric oxygen therapy (HBOT) or surgical resection if there is any necrotic bone, Doughty says.

Cellulitis: Clinical indicators for this soft tissue infection include erythema and induration of the surrounding tissue,

Doughty says. To identify and treat cellulitis, obtain a culture if there is viable tissue in the wound bed and initiate systemic antibiotic therapy because bacteria are in the surrounding tissue.

Critical Colonization: Clinical indicators of an infected wound surface include failure to progress or sudden deterioration in wound status. Deterioration may appear as thinning of the granulation tissue, petechial hemorrhages in granulation tissue, "film" over the wound bed, increased drainage, or increased pain, Doughty says. Treatment includes topical antimicrobial agents such as sustained release silver dressings.

Resource: The NPUAP offers a quick reference guide with instructions for treating pressure ulcers:
http://npuap.org/Final_Quick_Treatment_for_web_2010.pdf